DIVISION OF SUPPORT SERVICES OFFICE OF BUSINESS SERVICES

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



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[ Click here and type Date ]
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[Click here and type Contractor Contact Name]
[Click here and type Contractor Name]
[Click here and type Contractor Address]
[Click here and type Contractor City, State Zip]

Dear [Click here and type Contact Name]:

AGREEMENT NUMBER: [CLICK HERE AND TYPE AGREEMENT NUMBER] (FORMERLY BID #[CLICK HERE AND TYPE BID NUMBER])
AMENDMENT NUMBER: [CLICK HERE AND TYPE AMENDMENT NUMBER]
SERVICE: [CLICK HERE AND TYPE DESCRIPTION OF SERVICE]

Enclosed for your files is a fully executed [Click here and type "Agreement" or "amendment"] regarding the service(s) described above with the California Department of Corrections and Rehabilitation for the period of [Click here and type term start date] through [Click here and type term end date] .

A copy of this Agreement has been forwarded to the Click here and type "Regional" or "Headquarters"] Accounting Office, which is responsible for the payment of approved invoices. In order to expedite the payment process, please ensure all invoices submitted to the State are submitted in accordance with the payment provisions of this Agreement. They must be accurate; reasonable for the services performed and costs incurred; and include all applicable receipts and necessary supporting documentation as stated in this Agreement.

If you have any questions or need assistance, do not hesitate to contact me at (916) [Click here and type contact analyst phone number].

Sincerely,

[Click here and type NAME][Click here and type Title][Click here and type Contract Section]Procurement and Contracts Branch

Enclosure(s)

[Click here and type Name of Addressee] Page 2

cc: [Click here and type subcontractor name]
[Click here and type subcontractor name]
[Click here and type subcontractor name]

bcc: [Click here and identify Program Contact and Unit]

Subject File ([Click here and type Subject)])

Chron File Contract File